County of San Bernardino
Clerk of the Board of Supervisors
385 N. Arrowhead Avenue, 2<sup>nd</sup> Floor, San Bernardino, CA 92415-0130
(909) 387-3841 Fax (909) 387-4554
Internet: www.sbcounty.gov/cob/



## APPLICATION FOR POOL AND BILLIARD HALL **BUSINESS LICENSE**

| APPLICANT INFORMATION:   |  |   |             |                     |  |  |  |  |  |
|--|--|---|-------------|---------------------|--|--|--|--|--|
| Name of Applicant: Last:   |  | First:  |             | Middle Initial:     |  |  |  |  |  |
| Physical Address:  |  | City:   |             | Zip:                |  |  |  |  |  |
| Mailing Address:   |  | City:   | Zip:        |                     |  |  |  |  |  |
| Contact Phone Number:  | ontact Phone Number: Alternate Number:   |   |             |                     |  |  |  |  |  |
| Driver's License Number:   | Oriver's License Number: Social Security |   |             | Date of Birth:      |  |  |  |  |  |
|  |  |   |             |                     |  |  |  |  |  |
| BUSINESS INFORMATION:  |  |   |             |                     |  |  |  |  |  |
| Name of Business:  |  |   |             |                     |  |  |  |  |  |
| Physical Address:  | Cit                                      | y:  | State:      | Zip:                |  |  |  |  |  |
| Mailing Address:   | Cit                                      | :y:   | State:      | Zip:                |  |  |  |  |  |
| Telephone Number:  | Alt                                      | ernate Number:  | <del></del> |                     |  |  |  |  |  |
|  |  |   |             |                     |  |  |  |  |  |
| LIST RESIDENCE ADDRESS HISTORY   | FOR PAS                                  |   |             |                     |  |  |  |  |  |
| From (Date):   | 0''                                      | To (Date):  | 01.1        | <b></b> ,           |  |  |  |  |  |
| Address:   | City:                                    |   | State:      | Zip:                |  |  |  |  |  |
| From (Date):   |  | To (Date):  |             |                     |  |  |  |  |  |
| Address:   | City:                                    |   | State:      | Zip:                |  |  |  |  |  |
| From (Date):   |  | To (Date):  |             |                     |  |  |  |  |  |
| Address:   | City:                                    |   | State:      | Zip:                |  |  |  |  |  |
| From (Date):   |  | To (Date):  |             | <sub>-</sub>        |  |  |  |  |  |
| FION (Dale)  |  | TO (Date).  |             |                     |  |  |  |  |  |
| ` '  | City                                     |   | State:      | 7in:                |  |  |  |  |  |
| Address:   | City:                                    |   | State:      | Zip:                |  |  |  |  |  |
| Address:   |  |   | State:      | Zip:                |  |  |  |  |  |
| Address:  Have you ever used another name:   | Yes                                      | No  |             | Zip:                |  |  |  |  |  |
| Address:   | Yes                                      | No  |             | Zip:                |  |  |  |  |  |
| Address:  Have you ever used another name:   | Yes                                      | No  |             | Zip:                |  |  |  |  |  |
| Address:  Have you ever used another name:   | Yes                                      | No  |             | Zip:                |  |  |  |  |  |
| Address:  Have you ever used another name:  If yes, list other names used including alias,   | Yes<br>nickname                          | No<br>, married or maiden na  |             | Zip:                |  |  |  |  |  |
| Have you ever used another name:  If yes, list other names used including alias,  BUSINESS/EMPLOYMENT HISTORY FO   | Yes<br>nickname                          | No<br>, married or maiden na<br>THREE (3) YEARS:  |             | Zip:                |  |  |  |  |  |
| Have you ever used another name:  If yes, list other names used including alias,  BUSINESS/EMPLOYMENT HISTORY FO  Business Name:   | Yes<br>nickname                          | No<br>, married or maiden na<br>THREE (3) YEARS:<br>Address:  |             |                     |  |  |  |  |  |
| Have you ever used another name:  If yes, list other names used including alias,  BUSINESS/EMPLOYMENT HISTORY FO Business Name: City:  | Yes<br>nickname                          | No<br>, married or maiden na<br>THREE (3) YEARS:<br>Address:<br>State:  |             | Zip:                |  |  |  |  |  |
| Have you ever used another name:  If yes, list other names used including alias,  BUSINESS/EMPLOYMENT HISTORY FO  Business Name:  City: From (Date):   | Yes<br>nickname                          | No<br>, married or maiden na<br>THREE (3) YEARS:<br>Address:<br>State:<br>To (Date):  |             |                     |  |  |  |  |  |
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| Have you ever used another name:  If yes, list other names used including alias,  BUSINESS/EMPLOYMENT HISTORY FO  Business Name: City: From (Date):  Business Name: City:  | Yes<br>nickname                          | No , married or maiden na  THREE (3) YEARS:   |             |                     |  |  |  |  |  |
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| Have you ever used another name:  If yes, list other names used including alias,  BUSINESS/EMPLOYMENT HISTORY FO  Business Name: City: From (Date): Business Name: City: From (Date): Business Name: City: C | Yes<br>nickname                          | No , married or maiden na  THREE (3) YEARS:   |             | Zip:                |  |  |  |  |  |
| Have you ever used another name:  If yes, list other names used including alias,  BUSINESS/EMPLOYMENT HISTORY FO Business Name: City: From (Date): Business Name: City: From (Date): Business Name:  | Yes<br>nickname                          | No , married or maiden na  THREE (3) YEARS:   |             | Zip:                |  |  |  |  |  |
| Have you ever used another name:  If yes, list other names used including alias,  BUSINESS/EMPLOYMENT HISTORY FO  Business Name: City: From (Date): Business Name: City: From (Date): Business Name: City: C | Yes<br>nickname                          | No , married or maiden na  THREE (3) YEARS:     Address:     State:     To (Date):     Address:     State:     To (Date):     Address:     State:     To (Date):     Address:     State:     To (Date):   |             | Zip:                |  |  |  |  |  |
| Have you ever used another name:  If yes, list other names used including alias,  BUSINESS/EMPLOYMENT HISTORY FO Business Name: City: From (Date): Business Name: City: From (Date): Business Name: City: From (Date):  Business Name: City: From (Date):  | Yes<br>nickname                          | No , married or maiden na  THREE (3) YEARS:   |             | Zip:                |  |  |  |  |  |
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| Have you ever used another name:  If yes, list other names used including alias,  BUSINESS/EMPLOYMENT HISTORY FO Business Name: City: From (Date):   | Yes<br>nickname                          | No , married or maiden na  THREE (3) YEARS:     Address:     State:     To (Date):     Address:     State:     To (Date): |             | Zip:                |  |  |  |  |  |
| Have you ever used another name:  If yes, list other names used including alias,  BUSINESS/EMPLOYMENT HISTORY FO  Business Name: City: From (Date): Business Name:   | Yes<br>nickname                          | No , married or maiden na  THREE (3) YEARS:   |             | Zip: Zip: Zip: Zip: |  |  |  |  |  |
| Have you ever used another name:  If yes, list other names used including alias,  BUSINESS/EMPLOYMENT HISTORY FO Business Name: City: From (Date):   | Yes<br>nickname                          | No , married or maiden na  THREE (3) YEARS:     Address:     State:     To (Date):     Address:     State:     To (Date): |             | Zip:                |  |  |  |  |  |



| IS THIS BUSINESS A PARTNERSHIP?  | Yes         | No          | If yes, provide information about each partner: |              |          |  |
|--|-------------|-------------|---|--------------|----------|--|
| Name: First:   |             | Last:       |   |              |          |  |
| Address:   |             | City:       |   | State:       | Zip:     |  |
| Mailing Address:   |             | City:       |   | State:       | Zip:     |  |
| Telephone Number:  |             | Driver's L  | icense Number:                                  |              |          |  |
| Name: First:   |             | Last:       |   |              |          |  |
| Address:   |             | City:       |   | State:       | Zip:     |  |
| Mailing Address:   |             | City:       |   | State:       | Zip:     |  |
| Telephone Number:  |             | Driver's L  | icense Number:                                  |              |          |  |
|  |             |             |   |              |          |  |
| IS THIS BUSINESS A CORPORATION?  Yes  No If yes, attach a copy of the Articles of                        |             |             |   |              |          |  |
| Incorporation and provide information about e  | each office | r of the co | rporation:                                      |              |          |  |
| Name: First:   |             | Last:       |   |              |          |  |
| Address:   |             | City:       |   | State:       | Zip:     |  |
| Mailing Address:   |             | City: _     |   | State:       | Zip:     |  |
| Telephone Number:  |             | Driver's L  | icense Number:                                  |              |          |  |
| Name: First:   |             | Last:       |   |              |          |  |
| Address:   |             | City:       |   | State:       | Zip:     |  |
| Mailing Address:   |             | City:       |   | State:       | Zip:     |  |
| Telephone Number:  |             | Driver's L  | icense Number:                                  |              | <u> </u> |  |
| Name: First:   |             | Last:       |   |              |          |  |
| Address:   |             | City:       |   | State:       | Zip:     |  |
| Mailing Address:   |             | City:       |   | State:       | Zip:     |  |
| Telephone Number:  |             | Driver's L  | icense Number:                                  |              | •        |  |
| Name: First:   |             | Last:       |   |              |          |  |
| Address:   |             | City:       |   | State:       | Zip:     |  |
| Mailing Address:   |             | City:       |   | State:       | Zip:     |  |
| Telephone Number:  |             | _           | icense Number:                                  |              | <u> </u> |  |
|  |             |             |   |              |          |  |
|  |             |             |   |              |          |  |
| I, the undersigned, hereby declare that I have carefully read the Sections of the San Bernar dino        |             |             |   |              |          |  |
| County Code relating to this business; that I understand it thoroughly a nd will car ry out every        |             |             |   |              |          |  |
| provision thereof; that to the best of my knowledge, I have complied with the regulations as outlined. I |             |             |   |              |          |  |
| further state that the stat ements and answers contained in this application are true to the best of my  |             |             |   |              |          |  |
| knowledge and belie f, knowing that any false stat ement will be sufficient cause for denial or          |             |             |   |              |          |  |
| revocation of said license.  | ,           |             |   | <del>-</del> | -        |  |
| Signature:   |             |             | Date:   |              |          |  |

Please return completed/signed form to: San Bernardino County Clerk of the Board, 385 N. Arrowhead Avenue, 2<sup>nd</sup> Floor, San Bernardino, CA 92415-0130.



## **COUNTY USE ONLY**

| Sheriff's Department Use C   | Only           |             |                         |  |  |  |
|--|----------------|-------------|-------------------------|--|--|--|
| Recommendation:  | roved Denied   | Comments: _ |                         |  |  |  |
| Signature:   |                | Title:      |                         | Date:                                    |  |  |
|  |                |             |                         |  |  |  |
| Board of Supervisors Use Only  |                |             |                         |  |  |  |
| Recommendation:  | roved          | Comments:   |                         |  |  |  |
| Signature:   |                | Title:      |                         | Date:                                    |  |  |
|  |                |             |                         |  |  |  |
| Clerk of the Board of Supervisors (909) 387-3841                                     |                |             |                         |  |  |  |
| Please Note: All fees are non-refundable. Make checks payable to Clerk of the Board. |                |             |                         |  |  |  |
| Initial Application Fee \$33.00  | Date Received: |             | Accepted By:            |  |  |  |
|  | Receipt #:     | _           |                         | Deputy Clerk of the Board of Supervisors |  |  |
| Initial License Fee \$66.00  | Date Received  |             | Accepted By:            |  |  |  |
| , , , , , , , , , , , , , , , , , , ,  | Receipt #:     |             | 7 1000p100 2 <u>7 1</u> | Deputy Clerk of the Board of Supervisors |  |  |
|  | <u> </u>       |             |                         |  |  |  |
| Renewal Fee \$82.00  | Date Received: |             | Accepted By:            | Deputy Clerk of the Board of Supervisors |  |  |
|  | Receipt #:     |             |                         | Deputy Clerk of the Board of Supervisors |  |  |
| Check When Completed:  | Fingerprints   |             | Copy of Photo           | DID (Proof of Age)                       |  |  |
| Date Sent to Sheriff's Departm   | nent:          |             | New                     | ☐ Renewal ☐                              |  |  |